0	PI	

2298

2299

2300

2301

2358

No

No

No

No

No

1

1

1

1

1

Linda McCulloch, Superintendent Office of Public Instruction PO Box 202501 Helena, MT 59620-2501

School District Claim for State Reimbursement for Individual and Isolated Transportation

0.25

1.13

1.00

0.33

1.00

State	
District	
County	

Second Semester First Semester **DUE** February 1 to County Superintendent May 10 to County Superintendent **DATES:** February 15 to State Superintendent May 24 to State Superintendent COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR INDIVIDUAL AND ISOLATED TRANSPORTATION: This claim is for the period beginning and ending 20 month day month day **CERTIFICATION:** The information on this form is complete and accurate to the best of my knowledge. Date Signature, Chair, Board of Trustees District Level: County: District: 41 Ravalli 0731 Corvallis K-12 Schools **High School** District Contract Daily # of Days Transported # # Shared Family's Name Rate 1 2290 No Hughes, Anna 2.00 Blum, Carol 1 2291 No 1.00 2292 Daughtry, Tami 0.25 1 No 2293 Jessop, Carrie C No 0.83 1 2295 1 No Jessop, Robyn A 1.00 1 2296 No Kingston, Mark & Louise 0.25 2297 Lark, Darla 0.25 1 No

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Liedle, Pamela

Stoker, Vilate

Ewalt, Camra

Wilson, Stacie

Buhler, Colleen

0	PI	

Linda McCulloch, Superintendent Office of Public Instruction PO Box 202501 Helena, MT 59620-2501

School District Claim for State Reimbursement for **Individual and Isolated Transportation**

1.50

State	
District	
County	

DUE
DATES

9

2212

No

Duchesneau, Stephanie L

Second Semester First Semester February 1 to County Superintendent May 10 to County Superintendent **S**: February 15 to State Superintendent May 24 to State Superintendent COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR INDIVIDUAL AND ISOLATED TRANSPORTATION: This claim is for the period beginning and ending 20 month day month day **CERTIFICATION:** The information on this form is complete and accurate to the best of my knowledge. Date Signature, Chair, Board of Trustees District Level: County: District: 41 Ravalli 0740 Darby K-12 Schools **High School** District Contract Daily # of Days Transported # # Shared Family's Name Rate 9 1451 No MURRAY, KELLI 4.00 9 1452 No GARTNER, BRIAN 4.00 9 1453 MAVROS, JOLENE No 1.25 9 1805 FILLINGHAM, TERRI 2.10 No 9 HANSEN, CYNTHIA 1806 No 2.75

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0	PI

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School District Claim for State Reimbursement for Individual and Isolated Transportation

State	
District	
County	

Second Semester First Semester **DUE** February 1 to County Superintendent May 10 to County Superintendent **DATES:** February 15 to State Superintendent May 24 to State Superintendent COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR INDIVIDUAL AND ISOLATED TRANSPORTATION: This claim is for the period beginning and ending 20 month day month day **CERTIFICATION:** The information on this form is complete and accurate to the best of my knowledge. Date Signature, Chair, Board of Trustees District Level: County: District: 41 Ravalli 0741 Lone Rock Elem Elementary Contract District **Daily** # of Days Transported # # Shared Family's Name Rate 13 1546 No MEINZEN, STACEY 1.00 GAVLAK, RAY & REBECCA 13 2027 No 1.03

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